

**COVER PAGE**

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CONTRACT SERVICES UNIT  
2006 JUL 19 PM 4:41

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Throne, Lloyd				
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
700 N. 10th Street	Sacramento	CA	95814	LThrone@csd.ca.gov
OPTIONAL: FAX / E-MAIL ADDRESS				

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Dept. of Community Svcs. & Development

Division, Board, District, if applicable:

Your Position:

Director

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**4. Schedule Summary**

→ Total number of pages including this cover page: \_\_\_\_\_

→ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached  
Real Property

Schedule C ☐ Yes – schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached  
Income – Gifts

Schedule E ☐ Yes – schedule attached  
Income – Travel Payments

**-or-**

☒ No reportable interests on any schedule

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State  
☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_  
☐ Multi-County \_\_\_\_\_  
☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial Date: 07 / 11 / 06

☐ Annual: The period covered is January 1, 2005, through December 31, 2005.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2005.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2005, through the date of leaving office.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 7-19-06  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**Date Received  
Official Use Only**RECEIVED**

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2006 NOV -7 PM 3:27  
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2006 NOV -6 PM 3:14

**HUMAN RESOURCES UNIT**

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Throne, Lloyd				
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
700 N. 10th Street,		Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS	
			LThrone@csd.ca.gov	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Dept. of Community Services &amp; Development

Division, Board, District, if applicable:

Your Position:

Director

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☒ State☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☒ Assuming Office/Initial Date: 07 / 11 / 06☐ Annual: The period covered is January 1, 2005, through December 31, 2005.**-or-**☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2005.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2005, through the date of leaving office.**-or-**☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate**4. Schedule Summary**

→ Total number of pages including this cover page: 2

→ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached  
Real Property

Schedule C ☐ Yes – schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached  
Income – Gifts

Schedule E ☐ Yes – schedule attached  
Income – Travel Payments

**-or-**☐ No reportable interests on any schedule**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11-2-06  
(month, day, year)Signature \_\_\_\_\_  
(File the originally signed statement with the statement.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Lloyd Throne

**> 1. BUSINESS ENTITY OR TRUST**

Beth Stone

Name

Address

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Beth Stone, Speech Language Pathologist

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION None

**> 1. BUSINESS ENTITY OR TRUST**

Name

Address

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

Beth Stone, Spouse

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Please type or print in ink

A Public Document

Original to FPPC 4/2/07

NAME (LAST) <b>THRONE</b>	(FIRST) <b>LLOYD</b>	(MIDDLE)	DAYTIME TELEPHONE NUMBER <b>[REDACTED]</b>
MAILING ADDRESS (May use business address) <b>700 NORTH 10th Street, Rm 258, SAC, CA 95814</b>		STATE <b>CA</b>	ZIP CODE <b>95814</b>
OPTIONAL: FAX / E-MAIL ADDRESS			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

**DEPT. OF COMMUNITY SERVICES + Development**

Division, Board, District, if applicable:

Your Position:

**DIRECTOR**

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial

Date: \_\_\_\_\_

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

☒ The period covered is **10/31/06** through December 31, 2006.

☐ Leaving Office Date Left: \_\_\_\_\_ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: **2**

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

**3-2-07**  
(month, day, year)

Signature

(File the originally signed statement with your filing official.)

# COPY

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Inrone, Lloyd

#### 1. BUSINESS ENTITY OR TRUST

BETH STONE

Name

Address

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

##### GENERAL DESCRIPTION OF BUSINESS ACTIVITY

BETH STONE, SPEECH LANGUAGE PATHOLOGIST

##### FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

##### IF APPLICABLE, LIST DATE:

    /     / 06

ACQUIRED

    /     / 06

DISPOSED

##### NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☐ Other

Other

YOUR BUSINESS POSITION

NONE

#### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

#### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

BETH STONE, SPOUSE

#### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

##### FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

##### IF APPLICABLE, LIST DATE:

    /     / 06

ACQUIRED

    /     / 06

DISPOSED

##### NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

#### 1. BUSINESS ENTITY OR TRUST

Name

Address

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

##### GENERAL DESCRIPTION OF BUSINESS ACTIVITY

##### FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

##### IF APPLICABLE, LIST DATE:

    /     / 06

ACQUIRED

    /     / 06

DISPOSED

##### NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☐ Other

Other

YOUR BUSINESS POSITION

#### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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☐ \$10,001 - \$100,000

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☐ OVER \$100,000

☐ \$1,001 - \$10,000

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☐ REAL PROPERTY

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☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

##### IF APPLICABLE, LIST DATE:

    /     / 06

ACQUIRED

    /     / 06

DISPOSED

##### NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: